

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Gila</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>154</u>
District of _____		ORIGINAL CERTIFICATE OF BIRTH	County Registrar No. <u>504</u>
Town of _____			Local Registrar No. _____
or _____			
City of <u>Globe</u>	No. _____	St. _____	Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Dave Moraga Jr.</u>		If child is not yet named, make supplemental report, as directed.	
3. Sex of child <u>M.</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	Legitimate? <u>Yes</u>
5. No., in order of birth _____		7. Date of birth <u>6-26-24</u>	
		Month day year	
5. FATHER		14. MOTHER	
Full name <u>Dave Moraga</u>		Full maiden name <u>Choli Moraga</u>	
9. Residence (Usual place of abode) <u>Globe, Ariz</u>		15. Residence (Usual place of abode) <u>Globe</u>	
If nonresident, give place and state _____		If nonresident, give place and state _____	
10. Color or race <u>Mex</u>		16. Color or race <u>Mex</u>	
11. Age at last birthday <u>20</u> (Years)		17. Age at last birthday <u>17</u> (Years)	
12. Birthplace (city or place) <u>Globe Ariz</u>		18. Birthplace (city or place) <u>El Paso Tex</u>	
(State or country)		(State or country)	
13. Occupation <u>Labo Miner</u>		19. Occupation <u>Housewife</u>	
Nature of industry _____		Nature of industry _____	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>Yes</u>	
(a) Born alive and now living _____		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10:15</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>H. H. Hunt</u>	
Given name added from _____		(Physician or midwife)	
supplemental report _____		Address <u>Globe</u>	
Month, day, year. _____		Filed <u>JUL 3</u> 19 <u>24</u>	
Registrar. _____		Filed <u>JUL 3</u> 19 <u>24</u>	
		County Registrar. <u>B. G. Gray</u>	

4151-626-341